

Michigan Department of Community Health  
EMS and Trauma Services Section  
**Emergency Medical Services Personnel**  
P.O. Box 30717  
Lansing, Michigan 48909  
(517) 241-0179

## LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

### GENERAL INSTRUCTIONS FOR ALL LEVELS

1. You must be at least 18 years of age to make application.
2. Mark the box on the application to determine if you are applying by exam or endorsement (are currently licensed in another state or took a course other than a Michigan approved education course).
3. Mark the box for the appropriate level of license for which you are applying and be sure to submit the correct fee for that level. Specific instructions for each level are given below.
4. Failure to complete the application in its entirety and correctly may result in a delay of your application being processed for licensure. This is a two-sided application. Be sure to complete both sides before submitting and sign and date your application, on the back.
5. **Volunteer Agency Employees:** Applicants who work for a Michigan licensed volunteer agency (those that do not charge for their services) and are a licensed life support agency with the State of Michigan are eligible for fee exemption. Please call the telephone number above and ask for the "Volunteer Agency Fee Exempt Form".

An individual can file an application for licensure as an MFR, EMT, EMT-Specialist or Paramedic at any time after course completion. The application will not be complete until the State has verification from the National Registry that the applicant has passed both the written and practical exams (MFR's need the written only) and your course completion roster is on file. You may choose to file your application after passing the exams. You have two years from course completion to file your licensure application.

Once licensed by the State of Michigan, it is not necessary to retain the National Registry certification for license renewal or relicensure. Michigan uses the National Registry for examination purposes only. Once you are licensed, all licensees will be required to complete the continuing education mandated by the State. Being Nationally Registered does not exempt you from complying with the continuing education requirements for renewal.

### APPLYING BY EXAM- Those who completed a Michigan approved education course (Instructor Coordinator – see instructions page 2)

1. Complete the application form and submit it with the appropriate fee to the EMS and Trauma Services Section within two years of course completion. Application fees are non-refundable.
2. Enter your education program sponsor's name, sponsor number, date of course completion, and name and code number of the EMS Instructor/Coordinator (I-C). Your I-C must forward verification that you have completed the course directly to this office.
3. Complete the back of the application. If you have a yes answer to question number 1 or 2, be sure to enclose a detailed explanation. Question 3 asks for any **MICHIGAN** or any other state license number that you have previously held.

4. If you have ever been licensed in another state, whether it is current or expired, forward the enclosed Verification of Out-of-State Licensure Form to the appropriate state(s). That state(s) must complete the form and return it directly to this office. Faxed forms are unacceptable. National Registry is not a state; therefore, do not send this form to the National Registry.
5. If applying for Specialist or Paramedic, indicate your previous or current EMT-Basic license number on the back of the application. You must have once passed the EMT-Basic written and practical exams before you are eligible for licensure at the higher level.
6. Verification of passing exam scores sent directly to this office by the National Registry. If you have taken the exam in Michigan they will be automatically forwarded to this office. If you took the exam in another state, you must request the National Registry to send your scores directly to this office. Copies from the applicant are unacceptable.

#### **APPLYING BY ENDORSEMENT** (You can apply by endorsement by either method)

**If you are currently licensed in another state at the same level of licensure that you are applying for:**

1. Complete both sides of the application form and submit with the appropriate fee to the EMS and Trauma Services Section at the above address. All application fees are non-refundable.
2. After completing Part 1 of the Verification of Out-of-State Licensure Form, forward the form to all state(s) where you currently hold or have held licensure. That state agency must complete the form, in its entirety, marking the appropriate boxes for the level of licensure they are verifying. This form is not to be sent to the National Registry. Faxed forms are unacceptable.
3. Request the National Registry to submit your exam scores directly to this office at the above address. Copies from the applicant are unacceptable.

**If you are not currently licensed in another State but have passed the National Registry exams:**

1. Complete both sides of the application form and submit it with the appropriate fee to the EMS and Trauma Services Section at the above address. All application fees are non-refundable.
2. You must provide proof of completing, at a minimum, a U.S. Department of Transportation approved course within the last two years. Your educational facility must submit verification that you have completed the course and the date it was completed and provide a course curriculum (a complete description of the content of the course) for verification that it meets the Michigan approved course requirements. There are courses from other states that do not meet Michigan's requirements and it may be necessary for you to make up the curriculum deficiencies. **IF YOUR COURSE COMPLETION DATE HAS BEEN GREATER THAN TWO YEARS, YOU ARE NOT ELIGIBLE FOR LICENSURE IN MICHIGAN.**
3. Request the National Registry to submit verification of passing exam scores and send them directly to this office at the above address. Copies from the applicant are unacceptable.

#### **INSTRUCTOR/COORDINATOR EXAMINATION/LICENSE**

To qualify for the Instructor/Coordinator exam/license you must maintain a current Michigan license at the EMT, EMT Specialist or Paramedic level; have been licensed at one of those levels for a minimum of three years and have worked for a licensed life support agency in the field for at least three years. This exam is a State exam and you will submit your application to the State.

1. Complete the application form and submit it with the appropriate fee to the EMS and Trauma Services Section within one year of your course completion date. Application fees are non-refundable.
2. Enter your education program sponsor's name, sponsor number, date of course description, and name and code number of the EMS Instructor/Coordinator (I-C). Your I-C must forward verification that you have completed the course directly to this office.

3. Be sure to complete the backside of the application submitting an explanation for a yes answer to questions 1 & 2 and putting your license information on question 3 (you must be currently licensed); sign and date the application.
4. Complete the top portion of the Verification of Field Experience Form. Then forward it to your supervisor for completion of Part II to verify **FIELD experience** as an EMT-Basic, EMT-Specialist, or Paramedic in order to qualify for Instructor/Coordinator examination and licensure. This is to verify that you worked for a licensed Life Support Agency in the field, not that you have been licensed for three years. If you have worked for more than one agency during the three-year period, you may copy this form and submit it to more than one agency supervisor.

Failure to pass the Instructor/Coordinator examination after two attempts within one year of application received date, will require an applicant to repeat his/her entire I/C training program before again being eligible for the Instructor Coordinator examination and licensure in Michigan.

## **NATIONAL REGISTRY**

P.A. 375, which passed in December 2000, enables Michigan to use the National Registry for Emergency Medical Technicians (NREMT) examinations for MFR's, EMT's, EMT Specialist (Intermediate 85) and Paramedics. Michigan implemented National Registry in August of 2001.

### **TO APPLY FOR THE NATIONAL REGISTRY EXAM**

Applications for the National Registry examinations can be requested from one of the following agencies:

#### **Lower Peninsula Testing**

SWM SYSTEMS, INC.  
2323 Gull Road  
Kalamazoo, MI 49048  
(269) 385-2806  
[www.swmsystemsinc.org](http://www.swmsystemsinc.org)

#### **Upper Peninsula Testing**

UP EMS  
2803 U.S. Hwy 41 W  
Marquette, MI 49855  
(906) 228-4182  
[www.upems@aol.com](mailto:www.upems@aol.com)

Complete the National Registry examination application. Send the exam application and exam fees to either of the above agencies.

**EMT'S ONLY:** SWM Systems, Inc. or UPEMS will initially review the application for approved course completion and will schedule the applicant for a practical examination. If the applicant passes the practical, the applicant can then take the written exam.

### **LICENSING AT A LOWER LEVEL**

A paramedic, EMT specialist, or EMT holding an active license (current or within 60 days after license expiration) may qualify to apply for licensure at a lower level by submitting a new application for the lower level. Along with the fee the individual must provide documentation of having earned the required continuing education required of the lower level. Copies of current CPR cards must also be submitted.

## **GENERAL INFORMATION**

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the EMS and Trauma Services Section in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to EMS and Trauma Services Section, PO Box 30717, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

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DCH/EMS-250 (05/04)

**APPLICATION FOR LICENSURE**

Authority: Public Act 368 of 1978, as amended.  
If this form is not complete a license will not be issued.

**Type or Print****I AM APPLYING BY:**

- ☐ National Registry Examination
- ☐ Endorsement (currently licensed in another state)

Board Use Only

License Number

Date of Licensure

**I AM APPLYING FOR THE FOLLOWING (Check ONE only):**

- ☐ Medical First Responder: No fee required
- ☐ Emergency Medical Technician (Basic) - Fee: \$40.00 71-3203-01
- ☐ EMT Specialist (NR-Intermediate 85) - Fee: \$60.00 71-3202-01
- ☐ Paramedic - Fee: \$80.00 71-3201-01
- ☐ EMS Instructor/Coordinator Exam/License - Fee: \$100.00 71-3205-08

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name		Middle Name		Last Name	
U.S. Social Security Number		Date of Birth		Have you ever held a health professional license in Michigan?	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Street Address					
City			State		ZIP Code
All Previous Names and/or Birth Name Used (If Applicable)					Daytime Phone Number

**EDUCATION INFORMATION:**

Sponsor of Education (Name and Location)		Sponsor Approval Number
Date of Course Completion	Name of Instructor/Coordinator	Instructor/Coordinator Code Number

**NATIONAL REGISTRY EXAM INFORMATION (Instructor Coordinators do not complete):**

<b>Date and location where you passed the National Registry PRACTICAL Exam</b>	<b>Date and location where you passed the National Registry WRITTEN Exam</b>
Date:	Date:
Location:	Location:

Name	Social Security Number
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Check the appropriate answer to each of the following questions. **NOTE: Attach a detailed explanation for any Yes answer to question 1 or 2.**

1. Have you been convicted of a misdemeanor or felony, other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you hold, or have you ever held an emergency medical services <b>license</b> in any state? List each state, the license number, and the date issued. <b>You must have each state's licensing agency verify licensure directly to this office.</b> (Attach additional sheets, if necessary).	<input type="checkbox"/> Yes <input type="checkbox"/> No

State	License/Registration Number	Date of Issue

### CERTIFICATION

I certify that I am the person named on this application and that all statements are true. I understand that my Education Program Sponsor shall be made aware of my examination results. Once licensed, I will comply with all applicable state laws and rules.

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.

Signature	Date
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## VERIFICATION OF OUT-OF-STATE LICENSURE

Authority: Public Act 368 of 1978, as amended.

### PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Agency for completion.

Please indicate the level of licensure for which you are requesting verification:		
<input type="checkbox"/> Medical First Responder	<input type="checkbox"/> EMT-Basic	<input type="checkbox"/> EMT-Specialist/Intermediate 85
<input type="checkbox"/> Paramedic		
Applicant's Name (First, Middle and Last)		
All Previous Names Used	Date of Birth	Social Security Number
State Agency	License Number	Date of Issue

The applicant named above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the address shown above.

### PART II: To be completed by the State Licensing Agency

License Type	License Status <input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	Expiration Date
Has the applicant incurred any disciplinary proceedings in your State? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach <b>certified</b> copies of any actions.)		
Are disciplinary proceedings pending? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach <b>certified</b> copies of any actions.)		
If applying for <b>EMT</b> , did the applicant's training include the following (check the appropriate box(es): <input type="checkbox"/> double lumen airway <input type="checkbox"/> automated external defibrillator (AED) <input type="checkbox"/> epinephrine administration (epi-pen)		
If applying for <b>EMT Specialist (Intermediate 85)</b> , did the applicant's training include the following (check the appropriate box(es): <input type="checkbox"/> IV Therapy (fluid replacement only) <input type="checkbox"/> endotracheal intubation <input type="checkbox"/> double lumen airway <input type="checkbox"/> automated external defibrillator (AED) <input type="checkbox"/> epinephrine administration (epi-pen)		
If applying for <b>Paramedic</b> , did the applicant's training include (check the appropriate box(es): <input type="checkbox"/> IV Therapy <input type="checkbox"/> medication administration <input type="checkbox"/> endotracheal intubation <input type="checkbox"/> manual defibrillation		
If this person is currently licensed as an EMT Specialist (Intermediate 85) or Paramedic, do they currently hold or have they held in the past, certification/licensure at the EMT level? <input type="checkbox"/> No <input type="checkbox"/> Yes		

### CERTIFICATION

I hereby certify that, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Name of Licensing Board

( S E A L )

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**VERIFICATION OF THREE YEARS OF FIELD EXPERIENCE  
FOR INSTRUCTOR COORDINATOR APPLICANTS**

To qualify for an Instructor Coordinator license, an applicant must have completed an I/C education course, be currently licensed as an EMT, EMT-Specialist or Paramedic and have three years field experience.

**Part I: To be completed by the applicant and forwarded to the Licensed Life Support Agency supervisor for completion.**

First Name	Middle Name	Last Name
Street Address		
City	State	ZIP Code
Current Michigan EMS License Number (Must be currently licensed in Michigan at another level)		Date Issued
U.S. Social Security Number	Date of Birth	Daytime Phone Number

**Part II: To be completed by supervisor of the Licensed Life Support Agency where the applicant has obtained field experience.**

Name of Michigan Licensed Life Support Agency	Michigan Life Support Agency License Number	
Street Address		
City	State	ZIP Code
<p>The above named applicant has completed three years of field experience (full-time, part-time, on-call or volunteer) at a minimum of 10 hours a week, providing direct patient care as a LICENSED Emergency Medical Technician, Emergency Medical Technician Specialist, or Paramedic with a Michigan Licensed Life Support Agency.</p> <p>This is to certify that _____ has worked</p> <p style="text-align: center;">Applicant's Name</p> <p>from _____ to _____ meeting all of the above requirements.</p> <p style="text-align: center;">(mm/dd/yy) (mm/dd/yy)</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Signature of Agency Representative</p> <p>_____ Print or Type Agency Representative Name</p> </div> <div style="width: 45%; text-align: right;"> <p>_____ Date of Signature</p> </div> </div>		

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Authority: Public Act 368 of 1978, as amended.

Instructions: Applicant complete Section I of this form if you have completed a program in the last 2 years but have not been issued a license by another state agency. Type or print your name exactly as it appears on your application. Send this form to the Program Administrator for your EMS program for completion of Section II and then have the Administrator send it directly to the Emergency Medical Services Personnel office at the address given above.

First Name	Middle Name	Last Name	
Social Security Number		Date of Birth	
Street Address	City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		Daytime Telephone Number	

Instructions: Instructor complete Section II and return it directly to the Emergency Medical Services Personnel office at the address given above.

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**ONGOING EDUCATION RECORD**

Authority: P.A. 368 of 1978, as amended

**Type or Print Only**

Name		U.S. Social Security Number	
Street Address			
City	State	ZIP Code	
License Level	Michigan Permanent I.D. Number and Expiration Date		

This ongoing education record form is **not** your application. You must keep our office informed, in writing, of name and address changes over the course of your licensure period.

**Ongoing Education Requirements:** During the three-year period of your licensure, you must either accrue ongoing education credits or complete a refresher course equivalent to your level of licensure in order to qualify for renewal/relicensure. In addition, submit a copy of your current CPR certification from either the American Heart Association (CPR for Healthcare Providers), American Red Cross (CPR for the Professional Rescuer) or CPR Healthcare Providers (National Safety Council). Paramedic renewal/relicensure does not require CPR certification. **THIS DOCUMENT MUST INCLUDE ORIGINAL I.C. CODE NUMBERS OR APPROVED ATTACHMENTS VERIFYING ONGOING EDUCATION ACTIVITIES AT THE TIME OF RENEWAL OR RELICENSURE.** Please retain copies of all records.

**Credit Requirements:**

EMT (Basic) - 30 total; 7 minimum in required category; 6 maximum credits allowed in any category.

EMT SPECIALIST - 30 total; 9 minimum in required category; 6 maximum credits allowed in any category.

PARAMEDIC - 45 total; 11 minimum in required category; 6 maximum credits allowed in any category.

**Credit Options:** (1) A number of courses, such as BLS and ACLS are pre-approved for credits. Contact your Regional Coordinator for information. (2) Documentation of clinical activities by your employer or Medical Control Authority will allow one credit for every ten (10) patient IV starts (maximum 2 credits) and 1 credit for every ten (10) patient ETT's that you have successfully completed (maximum 2 credits).

*REQUIRED CREDIT:	Date/Code No./Credits	Date/Code No./Credits	Date/Code No./Credits	Total
<b>Airway/Oxygen-Basic</b>				
(All Levels)				
<b>Cardiovascular-Basic</b>				
(All Levels)				
<b>Patient Assessment/Triage</b>				
(All Levels)				
<b>Pediatrics</b>				
(All Levels)				
<b>Respiratory Emergencies</b>				
(All Levels)				
<b>Shock</b>				
(All Levels)				
<b>Spinal Injury/Back boarding</b>				
(All Levels)				
<b>Airway Oxygen-Advanced</b>				
(Specialist & Paramedic Only)				
<b>IV therapy</b>				
(Specialist & Paramedic Only)				
<b>Cardiovascular-Advanced</b>				
(Paramedic Only)				
<b>Pharmacology</b>				
(Paramedic Only)				

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

NAME				
*ELECTED CREDIT:	Date/Code No./Credits	Date/Code No./Credits	Date/Code No./Credits	Total
Abdominal Injury/Illness				
A & P				
Behavioral Emergencies				
Bleeding/Soft Tissue Injuries				
Burns				
Chest Injuries				
CNS Illness/Injury				
Communicable Diseases				
Communications				
Diabetic Emergencies				
Disaster Planning				
Emergency Driving				
EMS Systems Operations				
Environmental Emergencies				
Geriatrics				
Hazardous Materials				
Injury Prevention				
IV Maintenance				
Med/Legal				
Musculoskeletal Injuries				
OB/GYN				
Patient Handling				
Poisons/Substance Abuse				
Rescue/Extraction				
Stress Management				

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### INSTRUCTOR COORDINATOR ONGOING EDUCATION RECORD

Authority: Act 368, P.A. 1978

**FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL RESULT IN REVOCATION AND/OR DENIAL OF INSTRUCTOR COORDINATOR LICENSURE.**

**Type or Print Only**

Name		U.S. Social Security Number	
Street Address			
City	State	ZIP Code	
I.C. License Expiration Date		I.C. Code Number:	

**INSTRUCTIONS:** There are three methods in which you may renew your instructor coordinator license: (1) Successfully complete a Department-approved instructor-coordinator refresher program, (2) Accrue twenty-seven (27) credits in Department-approved professional development credits or (3) Accrue twenty-seven (27) credits through a combination of professional development and educational experience. This form is to be used to document the thirty (30) credits of ongoing education which you must earn during the three years your license is in effect. An application for renewal of your license will be mailed to you approximately 45 days prior to your license expiration. You must submit original credit slips for documentation. **BE SURE TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS.**

You are required to have either a current BCLS or ACLS. This will automatically give you 3 credits.

BCLS / ACLS (circle one)

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Credits: 3

CHOOSE ONE OF THE THREE OPTIONS (indicate your choice by marking an "X" in the appropriate box):

- ☐ **OPTION I** Completion of an Instructor-Coordinator Refresher Course: Attach a copy of your certificate showing successful completion of the refresher course.
- ☐ **OPTION II** Completion of 27 credits in Professional Development subject areas: A minimum of twenty-seven (27) credits for professional development through Department-approved instructor-coordinator ongoing education programs is required.

SUBJECT	Date/Code No./Credits	Date/Code No./Credits	Date/Code No./Credits	Total
<i>Instructional Techniques</i>				
Minimum 6				
Maximum 12				
<i>Measurement &amp; Evaluation</i>				
Minimum 6				
Maximum 12				
<i>Educational Administration</i>				
Minimum 6				
Maximum 12				
<i>Other Professional</i>				
Development - Maximum 6				

Name

☐ **OPTION III**     Combination of 18 Professional Development Credits and 9 Performance Credits.

**Part A: Professional Development Credits.** A minimum of eighteen (18) credits for professional development through Department-approved instructor-coordinator ongoing education programs are required.

SUBJECT	Date/Code No./Credits	Date/Code No./Credits	Date/Code No./Credits	Total
<i>Instructional Techniques</i>				
Minimum 3				
Maximum 9				
<i>Measurement &amp; Evaluation</i>				
Minimum 3				
Maximum 9				
<i>Educational Administration</i>				
Minimum 3				
Maximum 9				
<i>Other Professional</i>				
Development - Maximum 4				

**Part B: Performance Credits.** In addition to the 18 credits required in Option III, Part A, 9 credits are required in any area or combination listed below.

**EMS INSTRUCTION**     Maximum of 8 credits. One (1) credit for every four (4) contact hours of instruction (initial or **ongoing** ed). Proof: Credit Rosters, I.C. credit slip, course syllabus, etc.

**TESTING ASSISTANCE**     Maximum of 4 credits. One (1) credit for every State licensure practical exam in which you assist as an evaluator or site coordinator. Proof: Credit slip from Regional Coordinator.

**COURSE COORD.**     Maximum of 8 credits. One (1) credit for every refresher course, 3 credits for every initial course, and 1 credit for every 15 ongoing education credits approved and coordinated. Proof: Copies of course completion forms for initial and refresher course and copies of CE roster forms for the ongoing education option.

Method*	Description of Documentation (Proof)	I.C. Credits

\* This column should indicate either teaching, testing, or coordination.